MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION	
Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? (x) Yes () No
Requestor's Name and Address Richard Taylor, DO, PA	MDR Tracking No.: M4-03-7354-01
PO Box 3160	TWCC No.:
Palestine TX 75802	Injured Employee's Name:
Respondent's Name and Address BOX #: 46	Date of Injury:
UT System / WCI Dallas Office 6300 Forest Park Road, #267-A	Employer's Name: UT System
Dallas TX 75235	Insurance Carrier's No.: 02B0096

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due	
From	То	Cr i Code(s) or Description	Amount in Dispute	Amount Due	
10/21/02	1/7/03	97010, 99213	\$59.00	\$59.00	
10/21/02	1/7/03	64999	\$3,325.00	\$0.00	

PART III: REQUESTOR'S POSITION SUMMARY

5/29/03: "...The insurance carrier...has denied CPT code 64999 as not authorized with a denial message of "per documentation, submitted by the health care provider, falls under the category of new device for which there is potential efficiency but is not broadly accepted as the prevailing standard of care." We would like to point out that per Rule 134.600... the DRX treatment is not listed as one of the 14 items that require preauthorization. This is treatment to the patient. It is not a DME device...The DRX is not experimental or investigational, it is FDA approved since 1999...The insurance carrier is in direct violation of 408.021...CPT code 64999 is used to describe non-surgical decompression of the spine. An unlisted code is used because there currently is no code assigned for this treatment...The protocol is usually 20 visits but may vary on a case by case basis..."

PART IV: RESPONDENT'S POSITION SUMMARY

7/10/03: "...Per TWCC Rule 134.600(h)(14), the non-emergency health care requiring preauthorization includes any investigational or experimental service or device for which there is early, developing scientific or clinical evidence... According to TWCC's website, Approved Doctor List, Level 2 Certification, Chapter 4, "The List." "This is a category mandated by HB 2600. The law defines investigational or experimental services, and this definition was incorporated into the rule. If the AMA has assigned a Category I CPT code, then the procedure is considered to be consistent with contemporary medical practice and is therefore not experimental or investigational."...There was no request for preauthorization..."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- CPT Code 64999 for DOS 10/21/02 through 12/5/02 was denied 'A.' The requestor submitted an article from the MTG Newsletter, Copyright 2001 Peer Review Network, Inc.' to support their position. Preauthorization was not obtained according to 134.600(h)(14), therefore reimbursement can not be recommended.
- CPT Code 97010 for DOS 10/23/02 was denied "N= Documentation needed to support service." The documentation provided by the requestor supports services rendered according to MFG/MGR, (I)(A)(10), therefore reimbursement per MAR is due: \$11.00.
- CPT Code 99213 for DOS 1/7/03 was denied "N=Documentation needed to support service." The documentation provided by the requestor supports services rendered according to MFG/MGR (I) (B), therefore reimbursement per MAR is due: \$48.00.

C		Amount in	Amount	Date of		Amount in	Amount
Service	CPT Code	Dispute	Due	Service	CPT Code	Dispute	Due
10/21/2002	64999	\$3,325.00	\$0.00			•	
through		-					
12/5/2002							
10/23/2002	97010	\$11.00	\$11.00				
1/7/2003	99213	\$48.00	\$48.00				
					Total l	Left Column:	\$3,384.00
					Total A	Amount Due:	\$59.00
Based upon the entitled to add	e review of the ditional reimburs	disputed healthca ement in the amounterest due at the	are services, the lount of \$59.00.	The Division	hereby ORDER	S the insurance of	arrier to remit
Based upon the entitled to add	e review of the ditional reimburs	disputed healthca	ount of \$59.00. time of payment	The Division to the Reques	hereby ORDER	S the insurance c ys of receipt of t	earrier to remit his Order.
Based upon the entitled to add this amount plotdered by:	e review of the c itional reimburs us all accrued in	disputed healthca ement in the amo	ount of \$59.00. time of payment	The Division to the Reques	hereby ORDER	S the insurance cys of receipt of to 03/18/0	earrier to remit his Order.
Based upon the entitled to add this amount plotdered by:	e review of the ditional reimburs	disputed healthca ement in the amo	ount of \$59.00. time of payment	The Division to the Reques	hereby ORDER	S the insurance c ys of receipt of t	earrier to remit his Order.
Based upon the entitled to add this amount pleased by: Author	e review of the ditional reimburseus all accrued in	disputed healthca ement in the amo	carol La	The Division to the Reques	hereby ORDER	S the insurance cys of receipt of to 03/18/0	earrier to remithis Order.
Based upon the entitled to add this amount pleased by: Author	e review of the ditional reimburseus all accrued in	disputed healthca ement in the amo terest due at the	carol La	The Division to the Reques	hereby ORDER	S the insurance cys of receipt of to 03/18/0	earrier to remithis Order.
Based upon the entitled to add this amount place of the party to for a hearing record twenty) days care provider a days after it was Administrated to add the party to for a hearing record to a few to the party to for a hearing record to a hearing record to the party to for a hearing record to the party to the part	e review of the citional reimburs us all accrued in rized Signature OUR RIGHT TO Rethis medical dismust be in writing of your receipt of and placed in the as mailed and the strative Code § 1	disputed healthca ement in the amo terest due at the	Carol La Typed I Ty	The Division to the Request wrence Name of the Decision of TWCC Chief strative Code (strative Code (strative Should be sen	on and has a right Clerk of Procees 148.3). This Decision as placed in the Atto: Chief Clerk	O3/18/0 Date of On to request a hear edings/Appeals Cecision was mailed is deemed received a second of Proceedings/Austin Representation of Proceedings/Austi	carrier to remine his Order. 25 25 26 27 27 28 29 29 20 20 20 20 20 20 20 20
Based upon the entitled to add this amount place of the party of the party to for a hearing of twenty) days care provider a days after it was Administrated to a possible of the party of t	e review of the optitional reimbursing all accrued in a rized Signature DUR RIGHT TO Report this medical dismust be in writing of your receipt of and placed in the as mailed and the strative Code § 187, Austin, Texastealing the Divisional reimbursing the distractive code in the strative Code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing the Divisional reimbursing the distractive code § 187, Austin, Texastealing t	terest due at the EQUEST A HEAR pute may disagre and it must be f this decision (2 Austin Represente first working da (02.5(d)). A requirement in the amount of the authorized from the first working da (02.5(d)). A requirement in the authorized from the authorized fr	Carol La Typed	The Division to the Request whence Name To of the Decision of TWCC Chief strative Code (strative Code (strativ	on and has a right Clerk of Proceed 148.3). This Decision as placed in the Atto: Chief Clerk of this Decision should be considered to the Atto: Chief Clerk of this Decision should be considered to the Atto: Chief Clerk of this Decision should be considered to the Atto: Chief Clerk of this Decision should be considered to the Atto: Chief Clerk of this Decision should be considered to the Atto: Chief Clerk of this Decision should be considered to the Atto: Chief Clerk of the Atto: Chief Clerk	O3/18/0 Date of On to request a hear edings/Appeals Cecision was mailed is deemed received for the control of Proceedings/Appeals of Pr	carrier to remit his Order. 25 25 26 27 27 28 29 29 20 20 20 20 20 20 20 20

Signature of Insurance Carrier:	Date:			